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03/14/2005

**THE PROCTER & GAMBLE COMPANY**  
**INTELLECTUAL PROPERTY DIVISION**  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

**Richard S. Echler, Sr.** (Depositor's name)  
*Richard S. Echler* (Signature)  
**June 10, 2005** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/693,733	10/24/2003	Robert Richard Dyksura	8323MD	3400

TITLE OF INVENTION: PHOTO-LABILE PRO-FRAGRANCE CONJUGATES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/14/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HARDEE, JOHN R	1731	510-102000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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1 **Richard S. Echler, Sr.**

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**The Procter & Gamble Co.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Cincinnati, OH**

06/10/2005 CNGUYEN1 00000061 162480 10693733

01 FC:1501 1400.00 DA

02 FC:1504 300.00 DA

03 FC:8001 9.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies **3**

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Richard S. Echler*

Date

**June 10, 2005**Typed or printed name **Richard S. Echler, Sr.**Registration No. **41,006**

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**FROM: Linda R. Schroer\_ (Typed or printed name of person signing Certificate)**

Fax No. 513-622-3300

Phone No. 513-622-2859

Listed below are the item(s) being submitted with this Certificate of Transmission:\*\*

- 1) Part B Fee(s) Transmittal: 1 pg/ 2 copies
- 2) Fee Address Indication Form: 1 pg/ 1 copy
- 3)
- 4)
- 5)

Inventor(s): Robert Richard Dykstra et al.  
Application No. : 10/693,733  
Filed: 10/24/2003  
Docket No.: 8323MD

Number of Pages Including this Page: 4

Comments:

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